

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G		5/14
O.I.P.E. CLASSIFIER		19	53101
FORMALITY REVIEW	H-L	1074	07/07/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
1	✓ 5/14/01
2	✓ 5/14/01
3	✓ 0
4	✓ ✓
5	✓ ✓
6	✓ ✓
7	✓ 0
8	✓ 0
9	✓ ✓
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If more than 150 claims or 10 actions  
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